

**There's a Job in
Your Future**

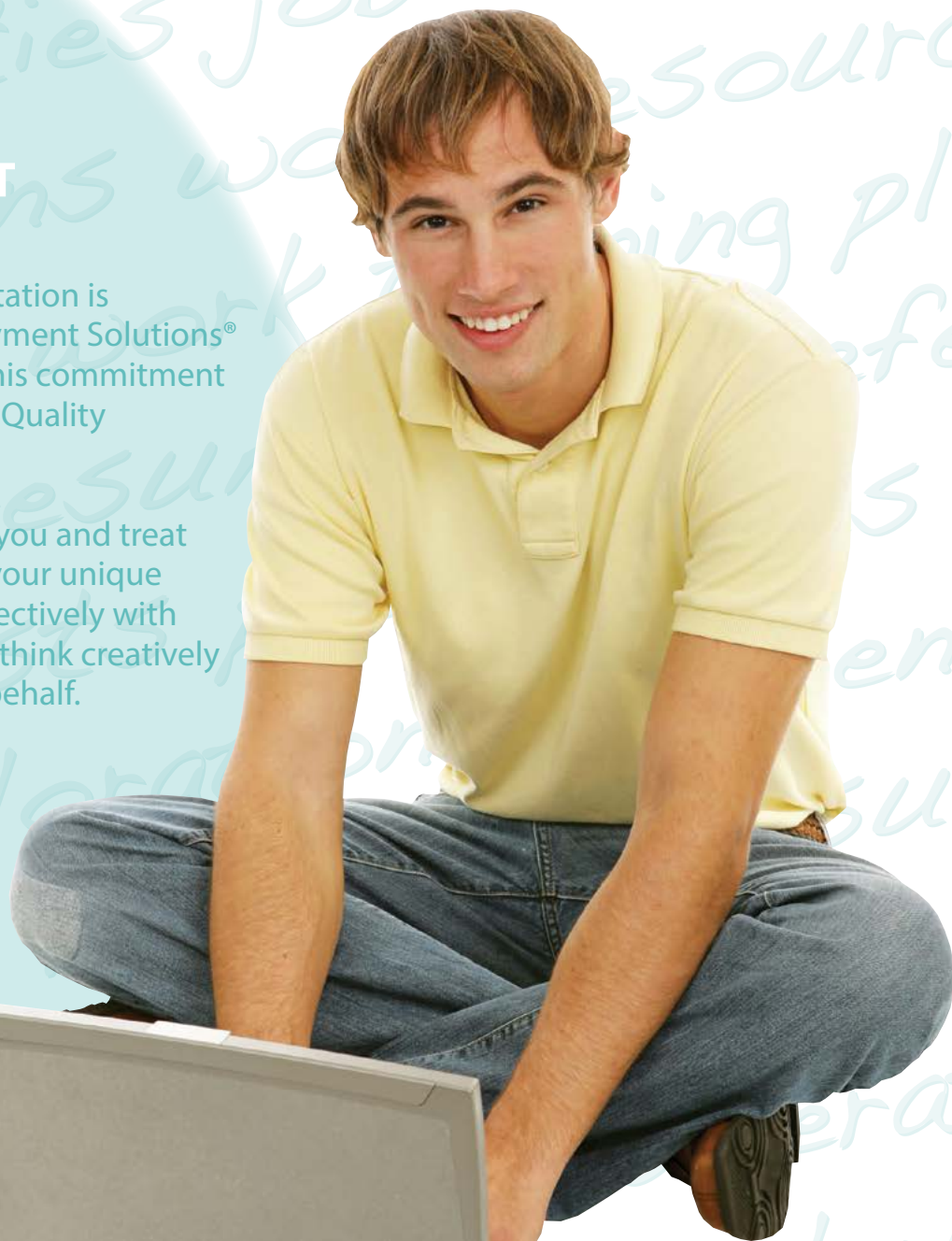
Discover it!

Planning Your Career

OUR COMMITMENT TO YOU

Nebraska Vocational Rehabilitation is committed to Quality Employment Solutions® for people with disabilities. This commitment is demonstrated through our Quality Customer Service approach.

You can expect us to respect you and treat you with dignity, appreciate your unique differences, communicate effectively with you, focus on your strengths, think creatively and act responsibly on your behalf.



NEBRASKA VR

Nebraska Department of Education
www.vr.ne.gov

To discover
the job that
works for
you complete
the following

5 Steps

STEP 1

Find Out About
You and Work

STEP 2

Pick the Job
You Want

STEP 3

Make Sure This Job
is Right for You

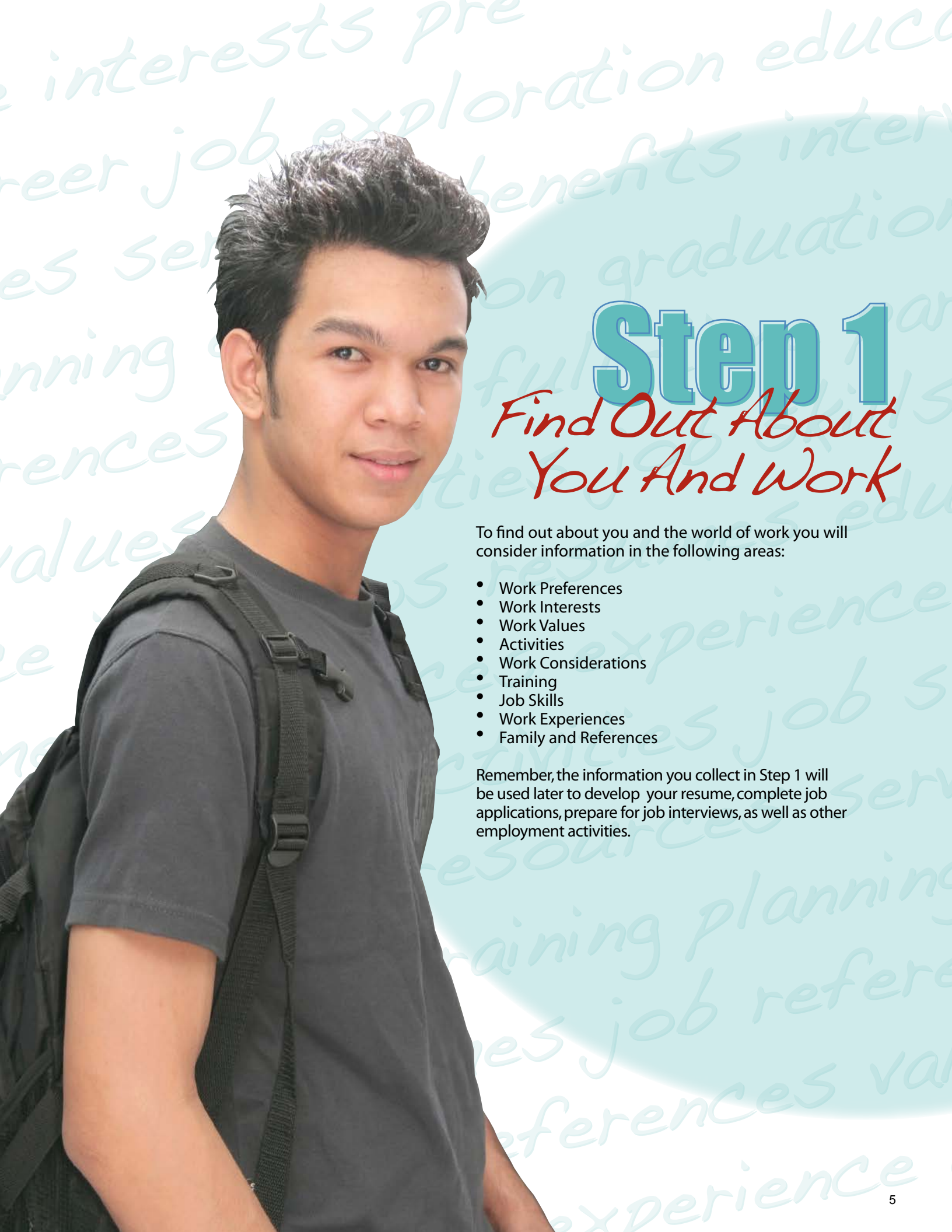
STEP 4

Get the Resources
You Need

STEP 5

Write Your Individualized
Plan for Employment





Step 1

Find Out About You And Work

To find out about you and the world of work you will consider information in the following areas:

- Work Preferences
- Work Interests
- Work Values
- Activities
- Work Considerations
- Training
- Job Skills
- Work Experiences
- Family and References

Remember, the information you collect in Step 1 will be used later to develop your resume, complete job applications, prepare for job interviews, as well as other employment activities.

Discovery Activity 1

Work Preferences

If you know the work tasks and conditions you like, you can pick a job with similar work tasks and conditions. By doing this you are more likely to be satisfied with your job. Use the following Work Preference Scale to determine the work tasks and conditions you like to do. Do not base your answers on whether or not you can do the task.

Answer the statement based on whether you would like to do the task on the job.

WORK PREFERENCE SCALE

Like
No Preference
Dislike

WORK TASKS

Do the same type of work over and over each day.

Do physical work. This requires using your muscles.
You may do heavy labor or do jobs where a special skill is needed.

Work with machines, tools, equipment and materials.

Work with numbers.

Work with words, doing such things as writing and reading.

Work with plants and animals.

Work with people most of the workday to teach them and/or help them.
These are individuals other than co-workers.

Work with people most of the workday to sell them something.

Work with information or ideas to do a job.

Perform clerical tasks such as proofreading, copying, filing, sorting, etc.

Be able to do something using your own ideas.

CONTACT WITH PEOPLE

Work with many co-workers.

Work with one or two co-workers.

Work alone.

Work in a small group.

Work in a large group.

Like
No Preference
Dislike

TRAVEL

Work at the same building or location each day.

Work at several different buildings or locations during your day or week.

Travel out of town.

Be gone overnight.

CONDITIONS

Have some control over when and how your work should be done.

Have input in planning and making new policies on the job.

Be supervised by someone who is available to answer your questions.

Know clearly what is expected of you on the job.

Have the option to change or adjust to situations or problems on the job.

Be expected to meet goals and to reach standards.

VARIETY

Have many different tasks to perform on a job.

Have only a few tasks to perform on a job.

Have different work hours each day.

Have the same work hours each day.

Own my own business and work for myself.

NOTE: If you have more than 5 work preferences in the "Like" column, review the items in that column and circle your top 5 choices.

Discovery Activity 2

Work Interests

Have you previously explored your career interests? ☐ YES ☐ NO

If yes, what were the activities you completed to explore your interests?

- ☐ Completed interest assessment(s) online
- ☐ Completed a paper/pencil interest assessment(s)
- ☐ Explored careers by looking at occupations online or in books
- ☐ Have watched someone work in an occupation I am interested in working
- ☐ Talked to someone who is working in the occupation that I have an interest
- ☐ Other

If you completed any of the above activities what were the results?

CAREERS/JOB

On the following page is a list of 6 CAREER FIELDS. They relate to a general career interest.

Each Career Field has CAREER CLUSTERS. They match with more specific career interests.

Each Career Cluster lists a few occupations. The list of occupations is a sampling, and certainly not a complete list.

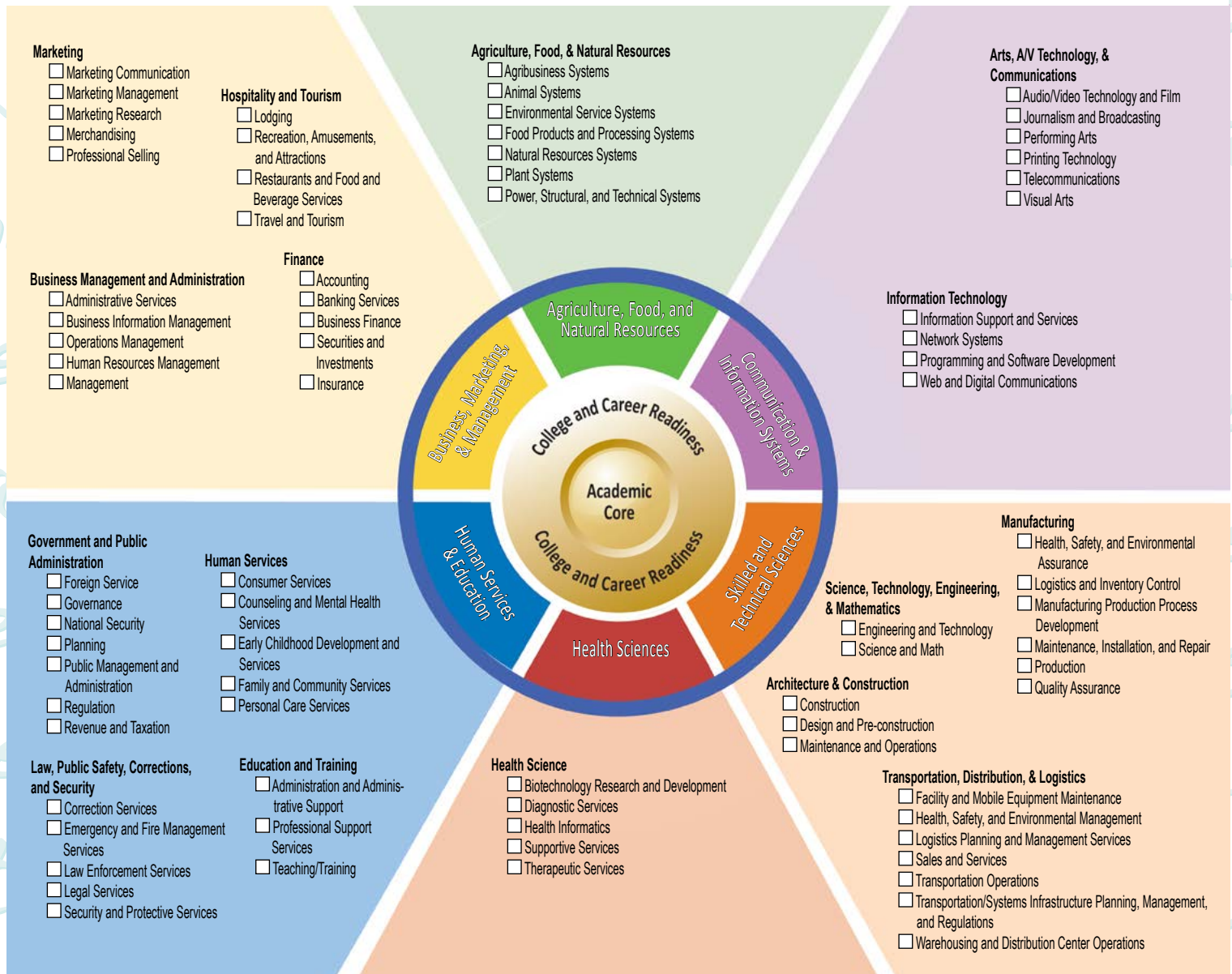
To further explore your career interests, review each of the 16 Career Clusters and occupations within the clusters. Check a box if you have an matching interest. You don't need to have the skills or training needed.

To find additional occupations for each career field, visit:

<http://www.nde.state.ne.us/nce/careerclustersresources.htm>

This activity will help you identify jobs that may be of interest to you. If you have already decided on a job, this activity may support your work interest or suggest other options.

Please review the list of jobs and place a check by the job(s) you are interested in, even if you don't have the skills or training for that specific job.



Nebraska Career Education Model recreated for career planning purposes for Nebraska Vocational Rehabilitation.

List one or two Career Fields you are interested in exploring further:

List any occupations you would like to explore:

Discovery Activity 3

Work Values

VR It will be important to consider what you value in a job and what will be important to you once you graduate from high school and eventually obtain permanent employment. By knowing what you value on a job you will be more likely to be satisfied with your job.

- **Review the statements below.**
- **Place check marks beside the four statements that are most important to you on a job.**

On my Ideal job it is important that I:

ACHIEVEMENT

- ☐ **Have a feeling of accomplishment** — A feeling of success from a job well done.
- ☐ **Make use of my abilities** — Use my skills and abilities.

RELATIONSHIPS

- ☐ **Do things for other people** — Help others.
- ☐ **Find it easy to get along with co-workers** — Work with people that I like.
- ☐ **Never be pressured to do things that go against my sense of right/wrong** — Be the type of person I want to be.

INDEPENDENCE

- ☐ **Make decisions on my own** — Do my work the way I want to.
- ☐ **Plan my work with little supervision** — Don't need the boss to tell me what to do.
- ☐ **Try out my own ideas** — Come up with new ways to do things.

WORKING CONDITIONS

- ☐ **Be busy all the time** — Have plenty of work to do.
- ☐ **Do something different every day** — Have many different tasks to do.
- ☐ **Have good working conditions** — Work in a good place (clean, warm, safe, etc.)
- ☐ **Have steady employment** — Not seasonal or few hours.
- ☐ **Receive pay that would compare well to that of other workers** — Good wages.
- ☐ **Work alone** — In an area without others.

SUPPORT

- ☐ **Be treated fairly by the company** — Treated with respect regardless of rank, age, race, etc.
- ☐ **Have supervisors who would back up their workers with management** — Supervisor will stick up for you.
- ☐ **Have supervisors who train their workers well** — Able to ask questions and get help.

RECOGNITION

- ☐ **Be provided an opportunity for advancement** — Chances for promotion and raises.
- ☐ **Give directions and instructions to others** — Supervise and train others.
- ☐ **Receive recognition for the work I do** — Get a bonus or award.

Discovery Activity 4

Activities

SCHOOL ACTIVITIES

List your junior high and high school activities/clubs and the years (7th - 12th) in which you participated. Include class offices, speech and drama, publications, music, athletics, FBLA, DECA, etc.

ACTIVITY	YEAR	ACTIVITY	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNITY ACTIVITIES

List your community/church/club activities and the years (7th - 12th) in which you participated.

ACTIVITY	YEAR	ACTIVITY	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AWARDS AND HONORS

List your Awards/Honors earned in school, community, church, work or other endeavors and year earned (7th - 12th).

ACTIVITY	YEAR	ACTIVITY	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Discovery Activity 5

Work Considerations

Answering the following questions will help you consider issues regarding when and where you want to work after graduation, what salary you need and other critical issues for choosing a job.

JOB REQUIREMENTS

VR **Are you willing to work? (Mark all that apply)**

- | | | | | |
|--|------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full-time (40 or more hours a week) | <input type="checkbox"/> Temporary | <input type="checkbox"/> Evenings | <input type="checkbox"/> Overnights | <input type="checkbox"/> Split Shift |
| <input type="checkbox"/> Part-time (Less than 40 hours a week) | <input type="checkbox"/> Weekends | <input type="checkbox"/> Holidays | <input type="checkbox"/> Days | <input type="checkbox"/> On Call |

What hourly wage do you expect?

What benefits do you expect?

VR **Check the areas you are willing to work in Nebraska.**

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Beatrice | <input type="checkbox"/> Norfolk |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> North Platte |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Omaha |
| <input type="checkbox"/> Grand Island | <input type="checkbox"/> Scottsbluff |
| <input type="checkbox"/> Hastings | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Kearney | <input type="checkbox"/> York |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Any Nebraska Location |
| <input type="checkbox"/> McCook | |
| <input type="checkbox"/> Other: | |
-

If you are willing to work outside Nebraska, check the areas you are willing to work.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Bordering States | <input type="checkbox"/> US Northeast |
| <input type="checkbox"/> US Great Plains | <input type="checkbox"/> US Southeast |
| <input type="checkbox"/> US Mid Atlantic | <input type="checkbox"/> US Southwest |
| <input type="checkbox"/> US Midwest | <input type="checkbox"/> US West |
| <input type="checkbox"/> List Others: | |

PERSONAL HEALTH

Do you have a health problem or disability (i.e. learning, physical, etc.)? ☐ YES ☐ NO

If yes, please explain:

Do you take medication? ☐ YES ☐ NO

If yes, what kind and why?

WORK RESTRICTIONS

Do you have work restrictions?

☐ YES

☐ NO

(Examples: Do you have restrictions in lifting, sitting, working in cold/hot environments, communicating, working with people, dealing with stress, learning job duties, etc.?)

If yes, please explain:

ACCOMMODATIONS

Do you have an IEP or 504 Plan in high school?

☐ YES

☐ NO

What accommodations did you have on your IEP/504 plan that might help you in training and/or employment? *(Examples: Extended test/task time, specified seating, breaks, etc.)*

FAMILY AND DAILY LIVING ACTIVITIES

Do you have any family or daily living activities keeping you from going to work?

☐ YES

☐ NO

(Examples: Is your housing inadequate? Do you have family members who have issues keeping you from going to work? Do you have childcare needs?)

If yes, please explain:

VR TRANSPORTATION

Have you completed a driver's education class?

☐ YES

☐ NO

Do you have a driver's license?

☐ YES

☐ NO

Do you have restrictions on your driver's license?

☐ YES

☐ NO

Do you have a license to drive other vehicles such as CDL, motorcycle, bus etc.?

☐ YES

☐ NO

If yes, what type of license? _____ Do you have reliable transportation available?

☐ YES

☐ NO

If yes, what kind? ☐ Bus ☐ Car (Family/Friends Drive) ☐ Car (I Drive) ☐ Handivan/Para Transit

BACKGROUND CHECKS

Can you pass a drug screening?

☐ YES

☐ NO

Have you ever been in trouble with the law?

☐ YES

☐ NO

If yes, at what age?

Explain the offense:

Were you seen in Juvenile or Adult court?

What was the outcome/consequences of the offense?

If an adjudicated juvenile, is the record sealed? *(must be 19 years old.)*

☐ YES

☐ NO

Do you have any motor vehicle convictions? *(Example: DUI, DWI or reckless driving?)*

☐ YES

☐ NO

If yes, please explain:

Discovery Activity 6

Training

This activity will help you review your education, specific job-related classes, and certifications. This is information that you might use in career planning, for applications, resumes, and interviewing.

HIGH SCHOOL

Name of High School	Location	From Month/Year	To Month/Year	Expected Date of Diploma/GED

What high school classes , related to your career interests, have you completed?

Training & certifications you have completed (*college classes, lifeguard, military, CNA, etc.*)

If you are male and 18, are you registered for the selective service? (*Website: www.sss.gov*) ☐ N/A ☐ YES ☐ NO

Have you ever explored your learning styles or how you learn best? ☐ YES ☐ NO

I LEARN BEST WHEN?

VISUAL	AUDITORY	TACTILE
<input type="checkbox"/> I read books and information from a computer.	<input type="checkbox"/> Someone tells me how to do something.	<input type="checkbox"/> Someone shows me what to do.
<input type="checkbox"/> I see pictures in books and on the computer.	<input type="checkbox"/> I can tell people information rather than write it.	<input type="checkbox"/> I make projects to show what I can do.
<input type="checkbox"/> I make written reports to show what I know.	<input type="checkbox"/> I listen to people talk about something.	<input type="checkbox"/> I work with my hands.

What type of training would be most effective?

- ☐ Apprenticeship
- ☐ Certification Training (*i.e. CNA/Truck Driving*)
- ☐ On-the-Job Evaluation
- ☐ On-the-Job Training
- ☐ Two-Year Academic Program
- ☐ Four-Year Academic Program

Discovery Activity 7

Job Skills

It is important to know your job skills. This activity will help you list the skills you have and may want to use on your job. Job skills can be acquired from work, school, volunteer or nonpaid experiences, hobbies, or life experiences. Skills are not specific to a job and can be used on a variety of jobs. The skills you identify on these pages can be used when completing resumes, applications, and for interviewing.

Review the list of skills and place a check mark by those skills you have.

ACCOUNTING SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> Using Calculator | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> 10-Key Adding Machine | <input type="checkbox"/> Balancing Checkbook | <input type="checkbox"/> Computerized System |
| <input type="checkbox"/> Counting Money | <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Paper System |

Other: _____

ANIMAL CARE

- | | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Training | <input type="checkbox"/> Giving Shots/Medications |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Sales | <input type="checkbox"/> Preparing for Pet Shows |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Grooming | |

Other: _____

ARTISTIC

- | | | |
|--|---|---|
| <input type="checkbox"/> Print Making | <input type="checkbox"/> Photographing People/Things | <input type="checkbox"/> Using Computer to Create Layouts |
| <input type="checkbox"/> Operating Computer Aided Drafting (CAD) Equipment | <input type="checkbox"/> Drafting Plans & Detailed Drawings | <input type="checkbox"/> Painting |
| | <input type="checkbox"/> Drawing | <input type="checkbox"/> Sculpting |

Other: _____

BARBER/HAIR DESIGN SKILLS

- | | | |
|---|--|--|
| <input type="checkbox"/> Cutting Hair | <input type="checkbox"/> Manicures | <input type="checkbox"/> Styling/Shampooing Hair |
| <input type="checkbox"/> Giving Permanents/Body Waves | <input type="checkbox"/> Facials | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Hair Lightening | |

Other: _____

CARPENTRY SKILLS

- | | | |
|--|---|---|
| <input type="checkbox"/> Sanding | <input type="checkbox"/> House Painting | <input type="checkbox"/> Cabinet Building |
| <input type="checkbox"/> Ornamental Woodwork | <input type="checkbox"/> Building Additions | <input type="checkbox"/> House Framing |
| <input type="checkbox"/> Paneling | <input type="checkbox"/> Furniture Making/Refinishing | <input type="checkbox"/> Insulation |

Other: _____

CHILDCARE SKILLS

- | | | |
|---|--|--|
| <input type="checkbox"/> Caring for Infants | <input type="checkbox"/> Providing Appropriate Supervision | <input type="checkbox"/> Bathing |
| <input type="checkbox"/> Caring for Toddlers | <input type="checkbox"/> Disciplining Without Extreme Measures | <input type="checkbox"/> Changing Diapers |
| <input type="checkbox"/> Caring for School Age Children | <input type="checkbox"/> Selecting Age Appropriate Toys/Activities | <input type="checkbox"/> Preparing Meals or Snacks |

Other: _____

CLERICAL SKILLS

- ☐ Typing/Keyboarding
WPM _____
- ☐ Filing
- ☐ Proofreading

- ☐ Answering Phones
- ☐ Preparing Mailings
- ☐ Processing Orders
- ☐ Making Appointments

- ☐ Greeting/Calling/Directing Clients
- ☐ Sorting/Delivering Mail
- ☐ Operating Office Machines

Other: _____

COMPUTER SKILLS

- ☐ PC System
- ☐ Microsoft Excel
- ☐ Microsoft PowerPoint
- ☐ Adobe Photoshop
- ☐ Corel Presentations
- ☐ Lotus Notes

- ☐ Macintosh System
- ☐ Microsoft Office
- ☐ Email
- ☐ Desktop Publishing Software
- ☐ Microsoft Outlook
- ☐ Instant Messaging

- ☐ Microsoft Word
- ☐ Microsoft Access
- ☐ Quick Books
- ☐ Corel WordPerfect
- ☐ Internet
- ☐ Web Page Design

Other: _____

CONSTRUCTION SKILLS

- ☐ Concrete Work
- ☐ Heavy Equipment Operation
- ☐ Roofing
- ☐ Refrigeration Work

- ☐ Drywall
- ☐ Brick Laying
- ☐ Sheet-Metal Work
- ☐ Heating Installation

- ☐ Truck Driving
- ☐ Trenching
- ☐ Heavy Labor
- ☐ Tools/Machines

Other: _____

EDUCATIONAL SKILLS

- ☐ Research
- ☐ Writing Reports
- ☐ Work as Part of a Group
- ☐ Organizing Projects

- ☐ Test Taking
- ☐ Editing/Memorizing
- ☐ Good Study Habits

- ☐ Attending Classes
- ☐ Comprehension of Written/
Spoken Word

Other: _____

FACTORY SKILLS

- ☐ Soldering
- ☐ Unloading/Loading
- ☐ Quality Control
- ☐ Assemble Boxes
- ☐ Stockroom Work
- ☐ Inventory

- ☐ Packing
- ☐ Filling Orders
- ☐ Assembly Line Work
- ☐ Lifting/Carrying Objects 10-25#
- ☐ Lifting/Carrying Objects Over 50#

- OPERATING:
- ☐ Lathe
 - ☐ Welder
 - ☐ Drill Press
 - ☐ Grinder
 - ☐ Milling Machine

Other: _____

FARM/RANCH SKILLS

- ☐ Operating Equipment/Tractors
- ☐ Repairing Equipment
- ☐ Ordering/Purchasing Supplies
- ☐ Knowledge of Farm Methods

- ☐ Good Physical Condition to Work
Long Hours/Do Heavy Labor
- ☐ Have Good Space/Form Perception
- ☐ Installing/Repairing Fences

- ☐ Caring for Livestock
- ☐ Driving Farm Trucks
- ☐ Irrigation

Other: _____

GARDENING SKILLS

- ☐ Lawn Care
- ☐ Greenhouse Work

- ☐ Flower Gardening
- ☐ Pruning/Trimming Trees

- ☐ Landscaping
- ☐ Spraying /Fertilizing

Other: _____

INDEPENDENT LIVING SKILLS

- ☐ Know Value of Coins and Currency
- ☐ Understand Buying on Credit
- ☐ Record Banking Transactions
- ☐ Make Withdrawals/Deposits
- ☐ Writing Checks
- ☐ Understand Payroll Deductions
- ☐ Know How to Read a Contract
- ☐ Understand the Consequences of Signing a Contract
- ☐ Know Personal Rights

- ☐ Know the Function of a Lawyer
- ☐ Know How to Register to Vote
- ☐ Use Kitchen Appliances
- ☐ Know Name/Use of Cooking Utensils
- ☐ Follow Instructions to Prepare Canned or Frozen Food
- ☐ Make a Grocery List/Shop for Groceries
- ☐ Prepare Recipes From a Cookbook
- ☐ Washing Dishes
- ☐ Sort and Machine Wash Clothes

- ☐ Ironing
- ☐ Sewing/Clothing Repair
- ☐ Know What to Do/Whom to Call in Emergency
- ☐ Can Call Doctor to Schedule Appointment
- ☐ Understand Medical Labels
- ☐ Care for Minor Health Problems
- ☐ Ask for Help
- ☐ Complete Standard Job Application

Other: _____

JANITORIAL SKILLS

- ☐ Dusting/Polishing Furniture
- ☐ Cleaning Rugs/Carpets

- ☐ Washing Windows
- ☐ Cleaning Bathrooms

- ☐ Sweeping/Washing/Buffering Floors
- ☐ Trash Removal

Other: _____

MAINTENANCE REPAIR SKILLS

- ☐ Plumbing
- ☐ Welding
- ☐ Electrical

- ☐ Wiring
- ☐ Wood
- ☐ Electronics

- ☐ Mechanically Inclined
- ☐ Servicing Machines
- ☐ Audio Equipment Installation/Repair

Other: _____

MECHANICAL SKILLS

- ☐ Car Tune-Up
- ☐ Auto Repairs
- ☐ Changing Tires

- ☐ Changing Oil/Fluids
- ☐ Diesel Engine Vehicles
- ☐ Washing Vehicles

- ☐ Auto Body Repairs
- ☐ Small Engines
- ☐ Interior Cleaning

Other: _____

MEDICAL SKILLS

- ☐ First Aid Training
- ☐ Good Listening Skills
- ☐ Physiology/Anatomy

- CPR:
- ☐ Infant
 - ☐ Adult

- ☐ Handle Emergency Situations
- ☐ Certified Nurse Aide
- ☐ Biology

Other: _____

RESTAURANT SKILLS

- ☐ Nutrition
- ☐ Serving Food/Drinks/Large Groups
- ☐ Greeting and Seating Customers
- ☐ Suggesting Specialties
- ☐ Clearing Tables

- ☐ Cooking Meals
- ☐ Handling Money
- ☐ Assisting Cook
- ☐ Operating Cash Register

- ☐ Dishwashing
- ☐ Correctly Filling Orders
- ☐ Cleaning
- ☐ Setting Up Banquet

Other: _____

SALES SKILLS

- ☐ Greeting Customers
- ☐ Order Processing
- ☐ Delivering Goods
- ☐ Operating Cash Register

- ☐ Customer Service
- ☐ Displaying Samples
- ☐ Demonstrating Products

- ☐ Experience in the Art of Persuading
- ☐ Stocking Shelves
- ☐ Marketing

Other: _____

Discovery Activity 8

Work Experiences

List your current and most recent jobs, work experiences or volunteer experiences.

JOB 1 (MOST RECENT)

Dates Employed

Employer	From	To
----------	------	----

Address	City	State
---------	------	-------

Phone Number(s)	Hourly Rate or Salary
-----------------	-----------------------

Job Title	Starting \$
-----------	-------------

Supervisor	Ending \$
------------	-----------

Hours worked per week:	Describe your reason for leaving:
------------------------	-----------------------------------

Benefits: ☐ Vacation ☐ Sick Leave ☐ Health Insurance ☐ Retirement

Tasks You Did: (Work Performed)

Do/Did You Like the Task?

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

JOB 2

Dates Employed

Employer	From	To
----------	------	----

Address	City	State
---------	------	-------

Phone Number(s)	Hourly Rate or Salary
-----------------	-----------------------

Job Title	Starting \$
-----------	-------------

Supervisor	Ending \$
------------	-----------

Hours worked per week:	Describe your reason for leaving:
------------------------	-----------------------------------

Benefits: ☐ Vacation ☐ Sick Leave ☐ Health Insurance ☐ Retirement

Tasks You Did: (Work Performed)

Do/Did You Like the Task?

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL WORK EXPERIENCES

Are there any other jobs, nonpaid work experiences, or volunteer experiences you feel will be helpful indentifying your skills? If so, please list the employer you worked for, your job title and the dates you worked.

Do not include the two jobs, work experiences or volunteer experiences you listed on the previous pages.

[illegible]

Discovery Activity 9

Contacts & References

VR Complete the following to identify the person who will always know your address and phone number. This should be someone other than who you live with.

Name	Relationship	
Street Address	Apt. #	Phone Number
City	State	ZIP Code
Email Address		

List contact information so VR staff and employers can contact you regarding planning, job search information, and job interviews.

Home Phone Number	Work Phone Number
Cell Phone Number	Message Number
Email Address	

Please list any family members or individuals who are currently living with you. If you have other family members who provide support but do not live with you list them as well.

NAME	RELATIONSHIP	AGE

It is important to have references to give employers. References are not relatives, but they are other people who know you well, care about you, and are involved in your life. It also includes people that will help you succeed in preparing for, getting and keeping a job.

Please list your references below and make sure to include people who know what type of person you are.

Name	Occupation	
Address	Phone Number	Years Known

Name	Occupation	
Address	Phone Number	Years Known

Name	Occupation	
Address	Phone Number	Years Known

Name	Occupation	
Address	Phone Number	Years Known

*Now that you have completed
the Discovery Activities
you will meet with VR Staff.
They will discuss the Activities
with you and help you decide where
you want to go from here.*



Step 2

*Pick the Job
You Want*



Career Exploration

Career exploration activities allow you to consider your interests, strengths, transferable job skills, explore jobs, and get information about job requirements, wages and employment outlook for jobs.

- Now that you have reviewed Step 1 activities, you will review the following list of activities with VR staff. This will help you decide which activities you want to complete in order to explore your career interests and identify a job goal. Check the box or boxes of those activities. VR can assist you in completing these activities.
- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> INTEREST ACTIVITY: This paper/pencil or computer activity may identify jobs you would be interested in, but hadn't thought of.<input type="checkbox"/> ASSESS SKILLS: Activities will help you find where your skills are and if you have skills for a certain job. It may also help you decide if you will be successful in completing on the job training or post-secondary training.<input type="checkbox"/> EXPLORE TRANSFERABLE JOB SKILLS: O*NET Skill Search can be used to identify jobs that match your skills. The information can be found at http://online.onetcenter.org.<input type="checkbox"/> NEBRASKA CAREER CONNECTION: This is an excellent resource for assessing career information regarding occupations, schools, scholarships, job search information, etc. The website is: www.nebraskacareerconnections.org.<input type="checkbox"/> JOB SHADOWING: If you have an interest in a job you may want to job shadow. It allows you to watch someone working in that job. VR staff has copies of questions you may want to ask.<input type="checkbox"/> INFORMATIONAL INTERVIEWS: Someone working in the job you are interested in can tell you about the job and what he/she likes or doesn't like about the job. If you do not know someone to contact or need help contacting someone, VR staff can help you. VR staff has a list of questions you can ask in an informational interview.<input type="checkbox"/> ON THE JOB EVALUATION: This allows you to try out a job in the community to help you decide if you like this kind of work or if you can do the work. | <ul style="list-style-type: none"><input type="checkbox"/> CAREER VIDEOS: You can watch videos of people working in various jobs. VR staff has a list of career videos for you to review.<input type="checkbox"/> TALK TO VR STAFF: They know the employers and also have a list of employers and businesses that partner with VR for jobs, training and employment scholarships.<input type="checkbox"/> SCHOOLING: VR staff has information about programs of study and colleges where you can get training. They also have information about selecting colleges and applying for financial aid.<input type="checkbox"/> O*NET ONLINE: O*NET OnLine web site can provide you with a list of job tasks and work duties for the job(s) you select or want to explore further. The web site is http://online.onetcenter.org.<input type="checkbox"/> NEBRASKA CAREER COMPASS: The Career Compass will provide you with salary information, estimated annual job openings, job growth rate, and job prospects regarding the job you have an interest in and in the location you want to work. The web site is www.dol.nebraska.gov. Select Labor Market Information and click Career Compass.<input type="checkbox"/> EMPLOYER LOCATOR: Use the Employer Locator to find contact information about a specific employer or list of employers that have jobs in the area you want to work. The web site is www.acinet.org. Select Career Tools and click Employer Locator.<input type="checkbox"/> VOLUNTEER WORK: VR staff has information about volunteer opportunities in your community. You will want to choose a volunteer experience you are passionate about and matches your skills, abilities, interests, and schedule. |
|---|---|

Assistive devices or adaptations are available to complete career exploration activities. Assistive devices or adaptations include adapted computers, keyboards, ergonomic aids, amplification devices, vision aids, and other adaptive work equipment. You can borrow these assistive devices and adaptations to help you complete any of the career exploration activities. The use of assistive devices or adaptations during career exploration may also help you determine whether they will be beneficial in performing the tasks required for the job goal you select. Talk to your VR Staff person for more information on the uses of Assistive Technology.

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This Booklet is a Job Planning Guide *You Should Know:*

This booklet will help you plan.

- It helps you plan for and successfully reach a job goal. Completing the activities will ensure the job goal you select and the services in your Employment Plan are consistent with your unique:

- Strengths
- Concerns
- Career Interests
- Resources
- Abilities
- Informed Choice
- Priorities
- Capabilities

You will be actively involved.

- This booklet is designed so you are actively involved in selecting a job goal and getting the resources you need.

VR staff will help you.

- If you like, VR staff will be happy to help you complete the booklet.

These activities are not a test.

- The activities in the booklet are not a test! There are no right or wrong answers! The activities give you a chance to identify your preferences for work.

Informational Interview

Questionnaire

Job Name/Career:

Person Interviewed:

Date:

Company

Telephone:

1. What type of education is required for this job?

2. Where did you receive your education and how long did it take?

3. If you went to school, did school adequately prepare you for this job?

4. Is there opportunity for advancement?

5. What are your major responsibilities?

6. What proportion of your time is spent on what kinds of activities?

7. What are the criteria on which your performance is evaluated?

8. From whom did you get help in planning or preparing for this field?

9. What kinds of pressures have you faced in getting to this point? What have been the most significant influences (positive and negative) in your career planning (i.e. people, experiences, events)?

10. How easy or difficult would it be for you to get a similar job in another business, industry or setting?

11. What do you perceive to be the major rewards of the job?

12. What do you like most about this work? What are the major frustrations in this job?

13. What kind of lifestyle is associated with this job? Is travel required?

Other areas: overtime, evening work, time for leisure, set hours, etc.

14. What talents, skills and abilities do you think are important for success in this job?

15. What is the entry-level salary range?

16. What are the advantages, disadvantages of the working conditions?

17. What are the physical demands of this job? Specify in regard to number of pounds you need to lift on a repetitive basis (push, pull, etc.). How much sitting, standing, stooping is required? Did you need to pass a physical exam to get your job?

PLEASE THANK THEM FOR THEIR TIME!

It would also be appropriate to send a formal thank-you letter through the mail or send them an email as they have just given you some very valuable time and information.

Step 3

*Make Sure This Job
is Right for You*



Make Sure This Job Is Right for You

You and VR staff will complete this page to compare the job you picked with what you said was important to you as you completed *Step 1 Discovery Activities* and career exploration activities.

MY JOB GOAL IS:

Given your work restrictions resulting from your disability, will you be able to do this job? ☐ YES ☐ NO

What assistive technology /adaptations will be necessary for this job?

Explain how your job goal does or does not match your work preferences, interests, values and school/ community activities.

Explain how this job goal meets your needs such as work days, salary, benefits, work location, etc.

How has your past training or work experience prepared you for this job?

Do you have the minimum requirements needed for training or to obtain this job? If not, what will you need to do to obtain the minimum requirements?

VR will help you achieve this goal. Who else can you count on to help you achieve this goal?

Factors I Need to Consider

Before I Get This Job

Now that you have selected a job goal, you and VR staff will want to determine the next steps. Review the list and check those boxes that relate to how you are going to reach your goal.

HOW WILL I GET THE TRAINING I NEED FOR THIS JOB?

- ☐ Job Corps
- ☐ Certification Training (i.e. CNA, Truck Driving)
- ☐ On-the-Job Training
- ☐ Apprenticeship
- ☐ Two-Year Academic Program
- ☐ Four -Year Academic Program
- ☐ Graduate Studies

WHERE WILL I LIVE THE FALL AFTER I GRADUATE FROM HIGH SCHOOL?

- ☐ With my parents/guardian.
- ☐ With a relative other than my parents/guardian.
- ☐ In an apartment.
- ☐ In a dorm.
- ☐ Other: _____

WHAT WILL I NEED TO DO SO I CAN REACH MY GOAL?

Check the following boxes that are applicable to your situation.

AGENCY RESOURCES

- ☐ Need to work with other agencies.
- ☐ Need to work with the resources at college to make sure I am successful (*tutors, financial aid office, counseling office, student success center, etc.*)
- ☐ Need accommodations at work or school to help me learn best (*i.e. books on tape, having someone show me what to do, adaptive devices for my computer, etc.*)

DAILY LIVING FACTORS

- ☐ Will need assistance for childcare when I am at work or school.
- ☐ Will need assistance to know where I can take my child when they are ill so I can still go to work or school.
- ☐ Improve my personal appearance.
- ☐ Get clothes so I can go to work.

FINANCIALLY

- ☐ Learn how to develop a budget so I can pay for my expenses.
- ☐ Learn what resources are available to help me pay for school and an apartment.
- ☐ Learn how to understand a contract to get an apartment.
- ☐ Will need health insurance.

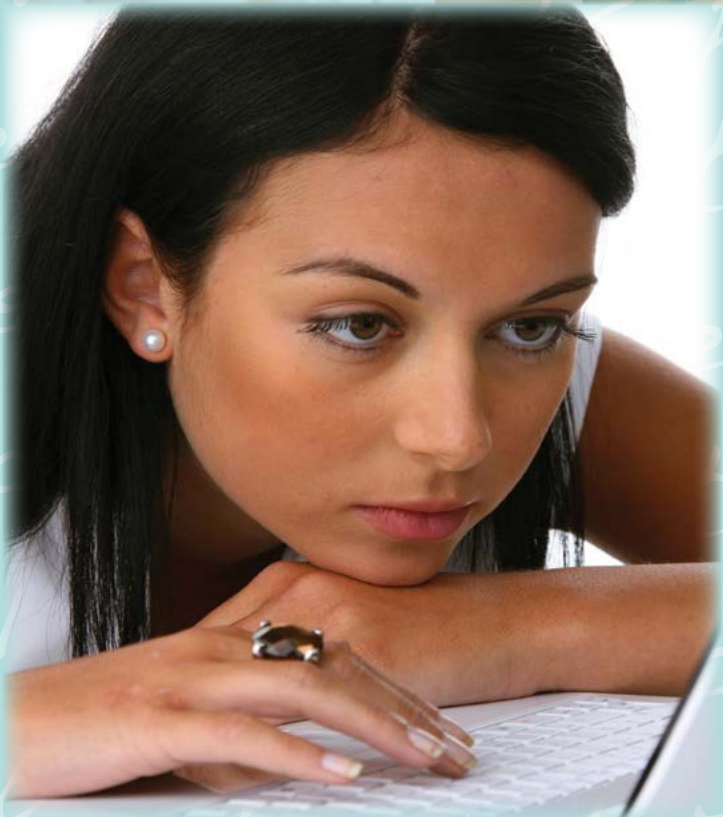
FINDING A JOB

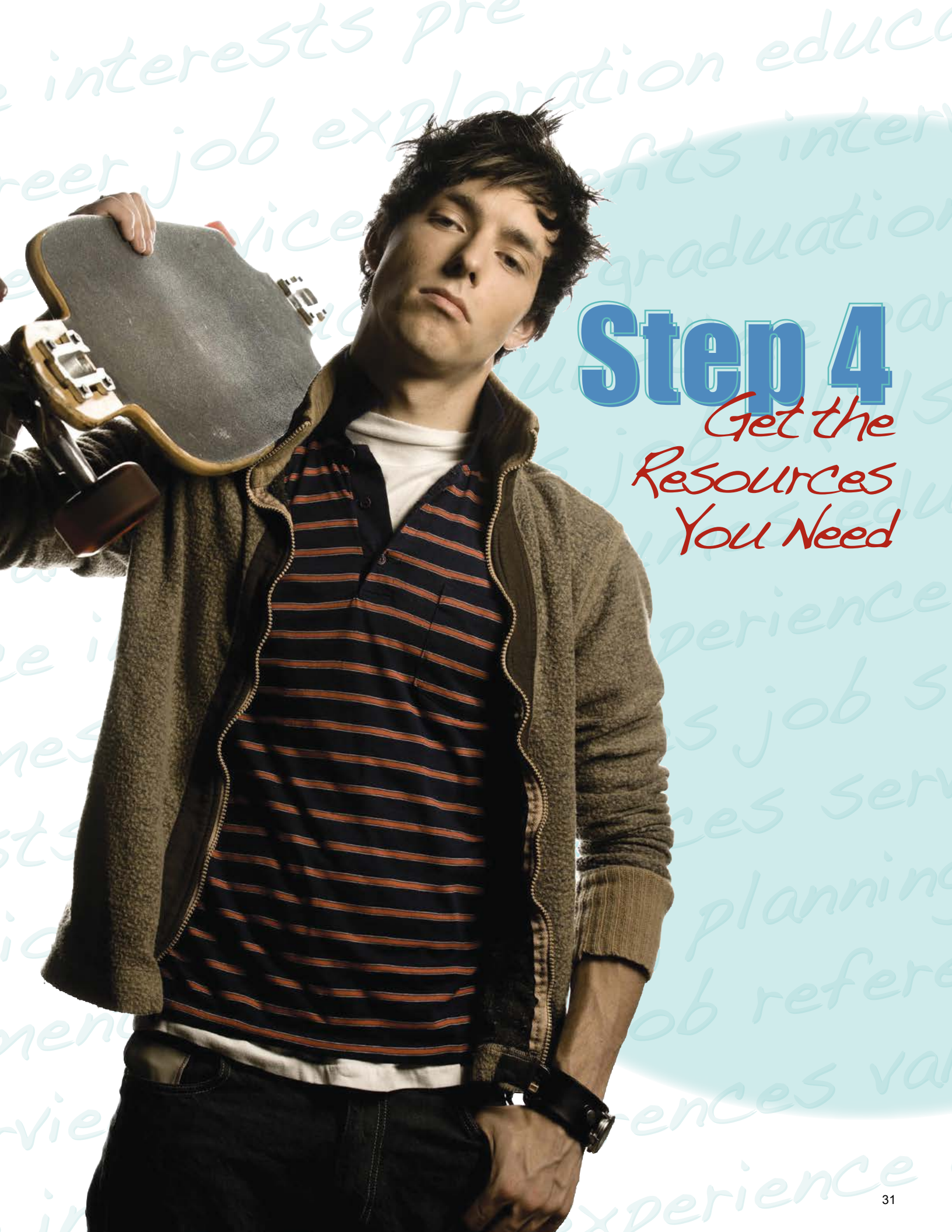
- ☐ Know how to find a job.
- ☐ Know how to write a resume or complete an application.
- ☐ Know how to explain my disability in an interview.
- ☐ Know how to explain my legal convictions in a job interview.
- ☐ Need transportation (*drivers license, insurance, vehicle, access to public transportation, etc.*)
- ☐ Obtain two forms of identification/documentation for work.

KEEPING A JOB

- ☐ Know how to ask an employer for time off.
- ☐ Know how to do my work and stay on task while still having a good working relationship with my co-workers.
- ☐ Have the skills to perform the job.

WHAT ADDITIONAL THINGS WILL I NEED TO DO TO REACH MY GOAL?





Step 4

*Get the
Resources
You Need*



Where do I Find the Resources I Need?

In Step 3 you and VR staff verified your job goal and discussed factors you need to consider before getting and keeping the job.

You will next review the resources available to help you address these factors.

☐ VR STAFF RESOURCES

VR staff can provide services directly to you. The services VR provides can be found on page 42.

☐ ASSISTIVE TECHNOLOGY RESOURCES

Assistive Technology Partnership (ATP) is a program that can help you identify the types of assistive devices or adaptations you may need to live independently or be successfully employed.

☐ FAMILY AND FRIENDS RESOURCES

You may have family and friends who can provide resources to you in preparing for, getting, and keeping your job.

☐ COMMUNITY RESOURCES

VR staff can help you identify individuals or agencies within your community that have the services you need. Community Services can be found on page 43.

WHAT RESOURCES DO YOU HAVE? VR STAFF WILL HELP YOU:

- Complete information on the following page to identify the resources you currently receive.
- Determine if you are eligible for any additional resources.

Resources

To help VR staff assist you in finding the resources you need, please record the information below for all income you receive. **Do not record income for family members.**

TYPE YOU RECEIVE	AMOUNT	HOW OFTEN RECEIVED
None	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Wages	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Self Employment	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Unemployment Insurance	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Workers Compensation	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Veterans Disability Benefits	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
SSDI (Social Security Disability Insurance)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
SSI (Supplemental Security Income)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Other Social Security Benefits	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
AABD (Aid to Aged, Blind Disabled)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
TANF (Temporary Aid for Needy Families)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
DHHS-General Assistance	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

This activity will help you decide which agencies or programs could help you prepare for, find or keep a job. Please record all services and benefits you and your household members currently receive or have recently applied for.

TYPE	STATUS	CONTACT PERSON	PHONE	WHO IN HOUSEHOLD RECEIVES
Select one of the following: Applied, Eligible				
Assistive Technology Partnership				
Center for Independent Living				
Commission for Deaf & Hard of Hearing				
Community Action Program				
Community Handivan/ Paratransit Program				
Developmental Disabilities- Regional/Local Program				
Developmental Disabilities- Service Coordination				
Disability Advocacy or Support Group				
Drug and Alcohol Abuse- Regional/Local Program				

Type	Status	Contact Person	Phone	Who in Household Receives
Select one of the following: Applied, Eligible				
Educational Service Unit (ESU)				
Experience Works				
Food Stamps				
Goodwill Industries				
DHHS-Aid to Aged, Blind and Disabled (AABD)				
DHHS-Disabled Persons & Family Support				
DHHS-Juvenile Justice				
DHHS-Medically Handicapped Children				
DHHS-Welfare to Work/ Employment First				
Housing Subsidy (HUD)				
Medicaid				
Medicaid Waiver Services				
Medicare				
Mental Health Program-Regional/Local Program				
Mental Health Program-Regional Center				
One Stop Career Center				
Private Health Insurance				
Project With Industry (PWI)				
School to Work-Regional/Local Program				
Secondary School/Special Education				
Social Security-Child of Disabled Parent				
Student Financial Aid (Pell, SEOG, Work Study)				
Other				

☐
Please check this box if you and the student have reviewed the list of resources and determined the student is not currently receiving, in need of, or eligible for these services and benefits.

Hotline for Disability Services

The *Hotline for Disability Services* is a statewide information and referral service for anyone with a question or concern related to a disability. The Hotline maintains a resource directory with over 1,400 agencies or programs that provide services for people with disabilities.

This worksheet lists the resource categories available on the *Hotline for Disability Services*. Complete this worksheet to help you use the Hotline to find the resources you need.

1. Review the main headings that are in red print (definitions are found on the web site).
2. Check the box or boxes to identify specific services you need.
3. Now that you have completed this worksheet you will want to access the *Hotline for Disability Services*. This can be done in any of three ways:
 - Go to the *Hotline for Disability Services* web site at www.cap.ne.gov. Use this worksheet to guide your search based on the boxes you checked.
 - Call the *Hotline for Disability Services* directly at 1-800-742-7594.
 - Ask VR staff for assistance in contacting the Hotline.

ACCESSIBILITY

- ☐ Accessibility Information/Service
- ☐ Financial Accessibility

ADVOCACY & SUPPORT

- ☐ Legal Assistance
- ☐ Protection and Advocacy
- ☐ Support/Self Help

ASSESSMENT SERVICES

- ☐ Alcohol/Drug Assessment
- ☐ Dental
- ☐ Driving
- ☐ Educational
- ☐ Financial for Assessment
- ☐ Hearing
- ☐ Independent Living Assessment
- ☐ Medical Assessment
- ☐ Neurological
- ☐ Nutrition
- ☐ Occupational Therapy Assessment
- ☐ Physical Therapy Assessment
- ☐ Psychiatric
- ☐ Psychological Assessment
- ☐ Speech
- ☐ Visual Assessment
- ☐ Vocational Assessment

ASSISTIVE DEVICES

- ☐ Communication
- ☐ Environmental Control
- ☐ Financial for Devices
- ☐ Mobility
- ☐ Modified Clothing
- ☐ Orthotic

- ☐ Prosthetic
- ☐ Sensory
- ☐ Service Animals
- ☐ Visual Assistive Devices

ASSISTIVE TECHNOLOGY SERVICES

- ☐ Assessment
- ☐ Customization
- ☐ Environmental Adaptation
- ☐ Financial for AT (Assistive Technology)
- ☐ Services
- ☐ Loan/Rental
- ☐ Maintenance and Repair
- ☐ Training

CASE MANAGEMENT

- ☐ Case Management

COUNSELING & GUIDANCE

- ☐ Alcohol/Drug Counseling and Guidance
- ☐ Family/Individual
- ☐ Financial for Counseling and Guidance
- ☐ Gambling
- ☐ Genetic
- ☐ Peer/Disability Counseling
- ☐ Psychiatric
- ☐ Psychological Counseling and Guidance
- ☐ Vocational Counseling and Guidance

EDUCATION

- ☐ Adult and Continuing Education
- ☐ Educational Support
- ☐ Financial Education
- ☐ In-patient School
- ☐ Pre-school
- ☐ Special Education
- ☐ Tutoring

EMERGENCY RELIEF

- ☐ Crisis Services
- ☐ Food
- ☐ Housing/Shelter
- ☐ Other Emergency Relief
- ☐ Rent
- ☐ Transportation Emergencies
- ☐ Utilities

EMPLOYMENT

- ☐ Job Placement
- ☐ Self-employment
- ☐ Sheltered Employment
- ☐ Volunteer Employment
- ☐ Volunteer Locator

FAMILY/INDIVIDUAL RESOURCES

- ☐ Adoption
- ☐ Adult Day Care
- ☐ Attendant Financial
- ☐ Attendant Location
- ☐ Attendant Training
- ☐ Child Day Care Programs
- ☐ Day Care Locators
- ☐ Financial Adult Day Care
- ☐ Foster Care
- ☐ Housekeeping
- ☐ Infant Programs
- ☐ Nutrition/Meals
- ☐ Parenting Programs
- ☐ Respite Care
- ☐ Respite Financial
- ☐ Respite Locators
- ☐ Senior Programs

FINANCIAL

- ☐ Credit Counseling
- ☐ Income
- ☐ Other Financial

HOUSING/RESIDENTIAL

- ☐ Financial for Repair/Maintenance
- ☐ Housing Accessible
- ☐ Location
- ☐ Low Income Housing
- ☐ Purchase
- ☐ Supervised Facilities

INFORMATION AND REFERRAL

- ☐ Information and Referral

INSURANCE

- ☐ Financial Insurance
- ☐ Insurance Information

INTERPRETER SERVICES

- ☐ Financial Interpreter
- ☐ Hearing Impaired
- ☐ Locate Interpreter
- ☐ Native Language
- ☐ Other Accommodations
- ☐ Tactile (Deaf-Blind)

MEDICAL

- ☐ Alcohol/Drug Treatment
- ☐ Dentistry
- ☐ Financial Medical
- ☐ Financial Medicine
- ☐ Health Clinics
- ☐ Hearing Therapy
- ☐ Home Health Financial
- ☐ Home Health Location
- ☐ Home Health Services
- ☐ Immunizations
- ☐ Occupational Therapy Medical
- ☐ Physical Therapy Medical
- ☐ Psychiatric
- ☐ Psychological Medical
- ☐ Speech Therapy
- ☐ Vision

PERSONAL SERVICES

- ☐ Personal Services
- ☐ Property Maintenance

RECREATION

- ☐ Recreation

SUPPORTED EMPLOYMENT

- ☐ Extended Support
- ☐ Intensive Job Skill

TRAINING

- ☐ Driver's Training
- ☐ Independent Living Training
- ☐ Vocational Training

TRANSITION

- ☐ School Rehab Counselors
- ☐ Transition Services

TRANSPORTATION

- ☐ Auto Repair Financial
- ☐ Public Transportation
- ☐ Transportation Financial
- ☐ Transportation Locator

Write Your Individualized Plan for Employment



Understanding Your *Individualized Plan for Employment*

By now, you have determined what is important to you on a job and have identified a job goal. You and VR staff have verified this job goal is consistent with your strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice. You have identified services and resources to help you prepare for, get, and maintain the job. All this information will be considered as you write your *Individualized Plan for Employment*. You will meet with VR staff to write your *Individualized Plan for Employment*. The following will provide you with important information you will want to know before you write your *Individualized Plan for Employment*.

WHAT IS MY INDIVIDUALIZED PLAN FOR EMPLOYMENT?

Your *Individualized Plan for Employment* (IPE) is your plan for career success. Your IPE is a flexible, working plan. It tells you:

- Your job goal.
- When you will start working toward your goal.
- The help you need to reach your goal.
- Who will help you.
- Who will pay for the help you get.

WHEN CAN MY PLAN BEGIN?

Before your plan can begin, you must be in agreement with it and sign it. If you want, a parent, family member, guardian, or representative can agree to and sign it for you. VR staff must also be in agreement with it and sign it.

WHAT WILL VR NEED TO KNOW BEFORE THEY AGREE TO MY PLAN?

You should know before a VR staff member can sign your IPE they must agree with it. A VR staff member can approve your plan if:

- There are reasonable chances you will get hired in your job goal in the location you are searching for work.
- Your plan includes all the steps and services you need to meet employer hiring requirements (education, experience, skill, or other requirements) and to be successful on the job.
- The job goal will give you the wages and benefits you need.
- Services are available so you can get the job you want.
- There are providers available for each service or support in your plan, either in your local area or a community where you are willing to move.

Completing Your Individualized Plan for Employment

You will meet with VR staff to write your *Individualized Plan for Employment* (IPE).

There are 3 parts to your IPE. They include:

- **Individualized Plan for Employment Job Goal:** This part identifies the job goal for your plan. If you need continuing help to do well on the job, it will list what help you need and who will provide it.

- **Individualized Plan for Employment Services and Supports:** This part lists the services and supports you will need. Additionally, it identifies who will provide and pay for these services and supports. Completing each service brings you closer to your job goal.
- **IPE Terms:** This part explains what is in your IPE and outlines the terms for your IPE.

The 3 parts of the IPE are on the following pages.

You will complete the IPE Job Goal and the IPE Services and Supports and discuss with VR staff the information in the IPE Terms.

After completing your IPE you and VR staff will sign the IPE. A copy of the IPE Job Goal, IPE Services and Supports, and the IPE Terms will be given to you.



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activities
job
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Now it's time to *write your plan!*



Individualized Plan for Employment

NAME: _____

Individualized Plan for Employment (IPE)

Job Goal

☐ Original

JOB GOAL: State the job you want to have at the end of your plan.

COMMENTS/RESPONSIBILITIES:

I expect to be working by:

WEEKLY WORK HOURS: How many hours do you expect to work each week?

☐ 14 or less ☐ 15 to 19 ☐ 20 to 31 ☐ 32 or more

SUPPORTED EMPLOYMENT

☐ Individual Placement ☐ Crew/Enclave Placement ☐ Transitional Placement

CONTINUING HELP: Check each type of continuing help you will need to do well on your job.

Meet with me:

☐ Where I work at least 2 times a month to find out how I am doing on the job and what help I need.

OR

☐ Away from where I work at least 2 times a month to find out how I am doing on the job and what help I need.

☐ Talking to my boss and co-workers where I work about how to help me do well on my job.

☐ Training me where I work in the skills I need to do well on my job.

☐ Training me where I work in getting along with people.

☐ Get continuing help to do well on my job.

☐ Other help I will need to do well on my job (Describe) _____

PROVIDER: Check who will give you or pay for the continuing help you need. (At least one box must be checked.)

☐ DD Service Coordination

☐ Community Mental Health Program

☐ DD Service Provider

☐ Mental Health Clubhouse

☐ Advocacy/Support Group _____

☐ Coworker

☐ Employer

☐ Family Member _____

☐ Other _____

AGREEMENT AND APPROVAL: My plan will take effect when VR approves it. I agree the job goal is in line with my strengths, priorities, concerns, abilities, capabilities, career interests, resources, and informed choices. I have been given a copy of the IPE Terms. I agree with them. I agree with the job goal, services, payment sources, and timelines described.

If I receive SSDI or SSI benefits based on my disability, I understand that by signing this Individualized Plan for Employment Job Goal, the Social Security Administration will consider me as "using my Ticket." While my Ticket is considered to be "in use" no continuing disability reviews (CDR) will be initiated as long as I make timely progress toward my goal.

Your Signature

Date

Vocational Rehabilitation Contact

Parent, Guardian, or Representative

Date

Vocational Rehabilitation Approval

Date

Individualized Plan for Employment (IPE)

VR Provided Services

SERVICES	SERVICES START & END DATES	WHO WILL PROVIDE?
BENEFITS ANALYSIS <input type="checkbox"/> Learn how different options for going to work will affect my federal and state benefits. (CA-BO) <input type="checkbox"/> Learn how to use work incentives to help me go to work. (MT-BP)		
DISABILITY AWARENESS/ PERSONAL ADJUSTMENT <input type="checkbox"/> Find out how my disability affects my life and work. (CO-DA) <input type="checkbox"/> Find out how to manage personal crisis. (CO-PA) <input type="checkbox"/> Find out how to make better decisions. (CO-PA) <input type="checkbox"/> Find out how to solve personal problems. (CO-PA)		
EMPLOYMENT SERVICES <input type="checkbox"/> Get leads on job openings. (E-JPA) <input type="checkbox"/> Find a job that best matches my skills and needs. (E-JPA)		
EMPLOYMENT SUCCESS SKILLS <input type="checkbox"/> Learn what behaviors employers want. (E-ESS) <input type="checkbox"/> Learn to think highly of myself. (E-ESS) <input type="checkbox"/> Learn to handle job pressures. (E-ESS)		
INDEPENDENT LIVING EXPLORATION AND SKILLS <input type="checkbox"/> Learn to live by myself. (IL-E&S) <input type="checkbox"/> Learn how to save energy and manage my time doing housework. (IL-E&S) <input type="checkbox"/> Learn how to dress for job success. (IL-E&S) <input type="checkbox"/> Learn how to budget and manage my money. (IL-E&S) <input type="checkbox"/> Learn how to use a bus. (IL-E&S)		
JOB KEEPING <input type="checkbox"/> Do my new job the best I can. (E-JRA) <input type="checkbox"/> Get used to the demands of my new job. (E-JRA) <input type="checkbox"/> Get used to my supervisors and co-workers. (E-JRA) <input type="checkbox"/> Get the help I need to keep my job. (E-JRA)		
JOB SEEKING SKILLS <input type="checkbox"/> Learn the best ways to look for a job; write a resume and cover letter; fill out job applications; and successfully interview for a job. (E-JSS)		
PERSONAL MANAGEMENT SKILLS <input type="checkbox"/> Learn how to solve personal problems. (IL-PM) <input type="checkbox"/> Learn how to study. (IL-PM) <input type="checkbox"/> Learn how to make decisions. (IL-PM) <input type="checkbox"/> Learn how to set goals. (IL-PM)		
PROVIDED SKILL BUILDING <input type="checkbox"/> Acquire skills in a VR skill-building program. (MTVR/SB)		
REHABILITATION ENGINEERING <input type="checkbox"/> Find out how my home can be changed to meet my daily living needs. (RT-RE) <input type="checkbox"/> Find out how my vehicle can be changed so I can use it. (RT-RE) <input type="checkbox"/> Find out how my work site can be changed so I can do my job. (RT-RE) <input type="checkbox"/> Find out about assistive devices that can help me do things better. (RT-RE)		

COMMENTS/RESPONSIBILITIES:

Individualized Plan for Employment (IPE)

Community Services

SERVICES	WHERE WILL I GET THEM?	WHO WILL PAY FOR THEM?	SERVICES START & END DATES
TREATMENT <input type="checkbox"/> Get treatments to improve my ability to work (TR-MT) <input type="checkbox"/> Get prescribed medications (TR-D)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
POST SECONDARY TRAINING <input type="checkbox"/> Obtain an associate degree needed for certification, licensure, or hire in my job goal. (PST-TT) <input type="checkbox"/> Obtain a certificate or diploma needed for certification, licensure, or hire in my job goal. (PST-TT) <input type="checkbox"/> Obtain a bachelor's degree needed for certification, licensure, or hire in my job goal. (PST-CT) <input type="checkbox"/> Obtain a _____ degree needed for certification, licensure, or hire in my job goal. (PST-CT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
MISCELLANEOUS TRAINING <input type="checkbox"/> Learn English. (MT-BA/LT) <input type="checkbox"/> Receive adult basic education. (MT-BA/LT) <input type="checkbox"/> Obtain a GED. (MT-BA/LT) <input type="checkbox"/> Learn a specific skill (such as how to drive, keyboarding, sign language, etc.) (MT-SB) <input type="checkbox"/> Understand how different options for going to work will affect my federal and state benefits. (MT-BA) <input type="checkbox"/> Understand how to use work incentives to help me go to work. (MT-BA)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
ON THE JOB TRAINING <input type="checkbox"/> Learn specific job skills from my employer. (OJT-E) <input type="checkbox"/> Learn specific job skills from a skilled job coach. (OJT-JC)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
JOB READINESS TRAINING <input type="checkbox"/> Learn work habits I need in the world of work. (JRT-JRT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
SMALL BUSINESS <input type="checkbox"/> Receive help implementing a business plan. (SB-TA) <input type="checkbox"/> Get needed permits and licenses. (SB-LP) <input type="checkbox"/> Get needed tools, equipment, and stocks. (SB-TES) <input type="checkbox"/> Get needed business vehicle. (SB-VIC) <input type="checkbox"/> Get help with initial operating costs. (SB-SUE)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
REHABILITATION TECHNOLOGY <input type="checkbox"/> Get help identifying modifications. (RT-RE) <input type="checkbox"/> Modify my home. (RT-HM) <input type="checkbox"/> Modify my vehicle. (RT-VM) <input type="checkbox"/> Get help with wheelchairs, crutches, canes and other durable medical goods. (RT-DMG) <input type="checkbox"/> Learn to operate and use assistive devices. (RT-TUT) <input type="checkbox"/> Obtain prosthetics or orthotics. (RT-P)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	

COMMENTS/RESPONSIBILITIES:

Individualized Plan for Employment (IPE)

Supports

SERVICES	WHERE WILL I GET THEM?	WHO WILL PAY FOR THEM?	SERVICES START & END DATES
TRANSPORTATION <input type="checkbox"/> Fix car to get back and forth to services or to look for work. (T-VR) <input type="checkbox"/> Help traveling back and forth to services or to look for work. (T-IT, T-RPV, TRPT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
INCREASED COSTS CAUSED BY PARTICIPATING IN SERVICES (MAINTENANCE) <input type="checkbox"/> Get clothing for training, job search or job. (M-UWC) <input type="checkbox"/> Get meals and/or lodging while I am looking for work. (Example: overnight trip) (M-LPD) <input type="checkbox"/> Meet living costs caused by participation in services. (M-ILC) <input type="checkbox"/> Help in moving to start a job or to participate in services. (M-R, M-SD, M-UI)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
PERSONAL ASSISTANCE AND COMMUNICATION <input type="checkbox"/> Find an interpreter if deaf or hard of hearing. (PA-IHI) <input type="checkbox"/> Find a foreign language interpreter. (PA-IFL) <input type="checkbox"/> Find someone to read text and written materials. (PA-R) <input type="checkbox"/> Find someone to tutor. (OS-OA) <input type="checkbox"/> Get needed assistance with self care and activities of daily living. (PA-PA)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
OTHER SERVICES <input type="checkbox"/> Obtain childcare while I am getting services or looking for work. (OS-ICC, OS-RCC) <input type="checkbox"/> Obtain licenses, permits or certifications for work. (OS-LP) <input type="checkbox"/> Get tools for on-the-job training or work. (OS-OT) <input type="checkbox"/> _____ (OS-OA) <input type="checkbox"/> _____ (OS-OA)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
THINGS I NEED FOR SERVICES AND WORK (TECHNOLOGY SUPPORT) <input type="checkbox"/> Help modifying my work setting. (TS-WM) <input type="checkbox"/> Get eyeglasses. (TS-E) <input type="checkbox"/> Get hearing aids. (TS-HA) <input type="checkbox"/> Obtain a computer. (TS-C) <input type="checkbox"/> Obtain assistive devices. (TS-AD) <input type="checkbox"/> Repair items that help me function. (TS-RTR)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
Independent Living Support <input type="checkbox"/> Help get supplies for independent living training. (ILS-S)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	
POST SECONDARY SUPPORTS <input type="checkbox"/> Obtain tools for my associate's degree. (PSS-OTT) <input type="checkbox"/> Obtain tools for my bachelor's degree. (PSS-OTC) <input type="checkbox"/> Find someone to read text and written materials for my degree program. (PSPA-R) <input type="checkbox"/> Get uniforms or work clothes. (PSS-UWC) <input type="checkbox"/> Meet increased living costs caused by attending school. (PSS-ILC) <input type="checkbox"/> Meet increased child care costs caused by attending school. (PSS-RCC) <input type="checkbox"/> Get needed assistance with self care and activities of daily living. (PSS-PA) <input type="checkbox"/> Find an interpreter if deaf or hard of hearing. (PSS-IHI) <input type="checkbox"/> Find a foreign language interpreter. (PSS-IFL) <input type="checkbox"/> Special fees. (Chadron State Foundation). (PSS-SFC) <input type="checkbox"/> Help traveling back and forth to school. (PSS-RPV, PSS-RPT)		<input type="checkbox"/> VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other -----	

COMMENTS/RESPONSIBILITIES:

Individualized Plan For Employment

IPE Terms

DEVELOPMENT AND REVIEW OF YOUR PLAN

GENERAL INFORMATION

Your *Individualized Plan for Employment* (IPE) is a flexible, working plan. Your IPE has 3 main parts:

- *Individualized Plan for Employment* Job Goal
- *Individualized Plan for Employment* Services & Supports
- *Individualized Plan for Employment* Terms

INDIVIDUALIZED PLAN FOR EMPLOYMENT JOB GOAL

Your job goal is the job you want to get. The purpose of your plan is to help you prepare for, get, and keep this job.

You will reach your job goal when:

- You finish the steps in your plan (or you decide you don't need more services).
- You've worked at least 90 days in your job goal (or a similar job in line with your strengths, abilities, capabilities, and interests).
- Your work is satisfactory and you perform well on the job.

PROGRESS TOWARD YOUR JOB GOAL

VR staff will stay in regular contact as you work towards your goal; plus we will do a review once a year. You will be an active participant in these reviews.

To review your progress toward your job goal, VR looks at:

- Your views of your progress.
- Your satisfaction with the services you got.
- Progress reports from your service providers.
- Grade reports from post-secondary training.

Based on this review, you and VR can agree to continue your plan or to make changes in it.

FUNDING YOUR PLAN

WHAT SERVICES, SUPPORTS, OR GOODS DO I NEED?

The services, supports, or goods in your plan tell what will need to happen to reach your job goal.

WHO WILL PROVIDE OR WHERE WILL I GET THEM?

You can get some needed services from VR staff. You also can get needed services, supports, or goods from employers, schools, colleges, universities, agencies, or businesses in your community. You can pick any qualified provider for the services, supports, or goods you need. However, there are limits:

- If VR staff can give you the services you need and you pick someone else, you will pay the cost for the services.
- If a tax-supported program, or a program with a written agreement paid for by VR, can provide the services, supports, or goods you need, and you pick someone else, you will pay the cost for them.
- When VR will use the lowest cost provider, and you pick someone else, you will pay the extra cost.
- If you pick someone or something costing more than VR allows, you will pay the extra cost.

VR's detailed guidelines on services, supports, and goods and what it will pay for them are in Rule 72 (Title 92 Nebraska Administrative Code, Chapter 72). You may ask for a copy of this rule. You can get one at: www.education.ne.gov/legal/webrulespdf/CLEANRule72_2008.pdf.

WHO WILL PAY?

Services from VR staff will not cost you anything. If there is a cost for other needed services, supports, or goods, this part of your IPE will tell who will pay for them. VR may help you pay for services, supports and goods. However, there are limits:

- VR can only help with the cost of the goods or services listed on your approved IPE. You will pay for any goods or services you get that are not on your approved IPE.
- VR limits its help to the amounts in Rule 72.
- VR limits its help for post-secondary training to the amount of your unmet need reported by the Student Financial Aid Office at the school you attend.
- VR cannot use its money to replace help or money you can get from public programs (like Medicaid, TANF, Developmental Disabilities, and Mental Health), or programs that have written agreements paid for by VR.
 - If a public program can provide the services, supports, goods, or pay for what you need, you will need to apply for their help and benefits.
 - If you can get their help and benefits, you will need to use them.
 - If you do not use their help and benefits, you will pay the cost.
- VR cannot help you pay for services, supports, or goods if we do not have the money.

Your services may be delayed or interrupted if we do not have the money to help you pay for them.

VR COST SHARING

If VR will share in the cost of services, supports, or goods you will get in your community, you usually can choose how VR will help you pay.

- **CASH ADVANCE:** You and VR agree in advance on how much you can spend to buy the agreed on services, supports, or goods. This can be based on VR's guidelines, past costs, cost estimates, or price quotations. VR gives you a check before you buy anything. You use the money to buy the agreed on services, supports, or goods. You can shop, and buy from the

provider or business you choose. If what you buy costs more than what VR gave you, you pay the difference. VR will require verification of the purchase.

- **REIMBURSEMENT:** You and VR agree in advance on how much you can spend to buy the agreed on services, supports, or goods. This can be based on VR's guidelines, cost estimates, or price quotations. You shop and buy what is needed, using your money. You give VR itemized receipts for what you spent. VR sends you a check for what you and VR agreed to in advance.
- **VR PURCHASE:** You and VR agree on a provider or business for the agreed on services, supports, or goods. VR must get price quotations and use the lowest cost provider or business for some services, supports, or goods. VR sends the provider or business an authorization to give you the services, supports, or goods. You go to the provider or business that has the authorization to get your services, supports, or goods. The provider or business bills VR for the cost.

FINANCIAL ACCOUNTABILITY

I agree to use any state or federal funds provided to me to purchase only those goods and/or services agreed to as a part of my Individualized Plan for Employment. If I use the funds provided via a cash advance or authorization for anything other than what was specifically authorized, I understand that I am liable for the full repayment of these funds. Failure to repay funds that are misused could result in the discontinuation of VR services, use of collection procedures, referral to law enforcement, and/or reporting to credit agencies.

SHARING IN THE COST OF YOUR PLAN

If you can, VR expects you and your family to share in the cost of services, supports, or goods you get in the community. There is no mandatory cost sharing! However, VR has found consumers who financially participate in the cost of their plan are more invested and are more successful in completing their plan and becoming successfully employed.

Because VR has limited funds it is not possible to serve all Nebraska citizens who experience a disability. The more consumers contribute to their own plans the more funds are available to serve additional individuals who like you have the potential to work but need VR assistance to be successful!

VR staff will ask how you will share in the cost of your plan. VR wants you to make an informed decision regarding your financial participation.

TIMELINES

These tell when you expect to begin working on this service and when you expect to finish it.

APPROVING AND CHANGING YOUR PLAN

Before VR can begin services to you, or help pay for the costs of your services, supports, or goods, you must be in agreement with and sign your IPE. A VR staff member must also be in agreement with your plan and sign it. A VR staff member can approve your plan if:

- There are reasonable chances you will get hired in your job goal in your local labor market or an area you are willing to relocate to.
- Your job goal will give you the wages and benefits you need.
- Your plan includes all the services you need to meet education, experience, skill, or other requirements employers want in a person they will hire for a job in your goal.
- There are providers available for each service or support in your plan, either in your local area or a community you are willing to relocate to.

EFFECTIVE DATE

Your IPE takes effect on the day the VR staff member approves and signs it.

CHANGING YOUR WRITTEN PLAN

A change to your written IPE must be made if:

- You want to change your job goal.
- VR is terminating a planned service.
- A provider is terminating a planned service.

APPROVING CHANGES TO YOUR WRITTEN PLAN

You and a VR staff member must be in agreement with the changes to your written IPE and sign the revised IPE.

EFFECTIVE DATE OF CHANGES

The changes to your written IPE take effect on the day the VR staff member approves and signs them.

RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

RESPECT: You have the right to expect VR will respect your personal dignity and assist you in pursuit of a meaningful career based on informed choice.

PRIVACY: You have a right to your personal privacy. VR staff members share information about you with each other. They release it to other parties only according to federal and state laws and regulations.

INFORMED CHOICE: You have the right to take part in any decisions about your job goal, services, and service providers.

DEVELOPING YOUR PLAN

You have the right to do your IPE on your own.

You have the right to receive help from a qualified VR staff member to do all or part of your plan.

You can decide to work out your plan by yourself. If you want, you can have a parent, family member, guardian, advocate, or other person help you do your IPE.

REVIEW OF YOUR PLAN

You have the right to review your plan with VR at least once a year. You can ask for changes at any time.

INTEGRATION

You have a right to get services in a place where you can be with people who do not have disabilities.

CLIENT ASSISTANCE PROGRAM

You can get in touch with the Client Assistance Program if you need information or help to:

- Understand vocational rehabilitation services.
- Get advice about services or benefits that may be available to you.
- Get advice about your rights and responsibilities.
- Deal with problems in your relationships with VR staff.
- Deal with problems with a program that is providing you with vocational rehabilitation services.
- Ask for mediation or a review of a VR decision:

Call 1.800.742.7594 (toll free)
471.3656 (Lincoln) TT Available
Write to PO Box 94987
Lincoln, Nebraska 68509

MEDIATION

If you want mediation of any decision about the vocational rehabilitation services you will get, you may contact the Regional Mediation Center serving your county. You can ask VR or the *Client Assistance Program* for a list.

Both you and VR must volunteer to take part in mediation. A qualified and impartial mediator who is trained in effective mediation techniques will do the mediation.

REVIEW OF DECISIONS

If you want a review of any decision about your vocational rehabilitation services, you may file a petition for an impartial review. An impartial hearing officer using the Nebraska Department of Education's Rule 71 (Title 92 Nebraska Administrative Code, Chapter 71) will do this review. You can ask VR or the Client Assistance Program for a copy of this rule, or get a copy at:

<http://www.nde.state.ne.us/LEGAL/cover71A.html>.
It has a sample petition form.

Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must send in your petition within 30 calendar days of the date you get the written decision. Send your petition with a copy of the written decision you want reviewed to:

Impartial Hearing Coordinator
Vocational Rehabilitation
PO Box 94987
Lincoln NE 68509

You can ask the *Client Assistance Program* for help.

WHAT YOU CAN EXPECT OF US

You can expect VR staff to:

- Be fair.
- Treat you with respect and dignity.
- Care about you and your situation.
- Be quick to meet your needs.
- Return your calls as we can.
- Keep in touch with you.
- Take time to explain things to you.
- Do what they say they will do.
- Help you get the services, supports, and goods you need.
- Give you a chance to review your progress at least once each year.
- Help you make changes in your job goal or plan when you need them.
- Help you get a job in line with your skills and abilities.
- Help you keep your job and advance in it.

We will give you a chance to tell us if we did these things.

WHAT WE EXPECT OF YOU

We expect you to:

- Be honest about wanting to go to work.
- Verify your family income, assets, and disability expenses if we ask.

- Take an active part in getting information so you can make informed choices about:
 - Your job goal.
 - Your services.
 - Who will provide services to you.
 - How you and VR will pay for your services.
- Take an active part in carrying out the plan to get to your job goal.
- Be on time for your appointments.
- Let VR know if you cannot keep an appointment or will be late for it.
- Follow the advice doctors, health professionals, and VR staff give you.
- Complete agreed on assignments on time.
- Apply for and use services and benefits from other programs for which you may be eligible.
- Pay your agreed on share of the cost of your services.
- Must keep regular contact with VR.
- Tell us right away if:
 - A personal or family problem interferes with your plan.
 - Your income, assets, or disability expenses change.
 - You run into a problem with your services or service providers.

POST-SECONDARY TRAINING

INITIAL TERM

- To receive VR financial assistance for the initial term of training, you must have your Individualized Plan for Employment containing post-secondary training approved at least sixty (60) calendar days before the date the training will begin.
- You must provide VR with a copy of your registration for the upcoming term no later than 5 business days before the start of the term.
- You must complete the financial aid application in sufficient time to allow the school to provide VR with the financial aid award information no later than 5 business days before the start of the term.

SUBSEQUENT TERMS

- To receive VR financial assistance for subsequent terms of training, you must provide VR with a copy of your registration for the upcoming term no later than 5 business days before the start of the term.
- You must provide VR with a copy of your grade report for the previous term as soon as it is available from the school.
- You must complete the financial aid application in sufficient time to allow the school to provide VR with the financial aid award information no later than 5 business days before the start of the first term of a new financial aid year.

We may delay or suspend our financial aid to you if you do not give us this information.

- To continue VR financial aid after your first year at school, we expect you to:

Keep your overall grade point average at "C" or better unless a higher GPA is required by your program of study.

Finish at least 24 semester hours of credit each academic year (or 48 quarter hours if your school uses quarter hours, or 36 hours if your school is on a 3 semester system), unless a lower number of credit hours is in your IPE.

Finish your coursework and class assignments on time.

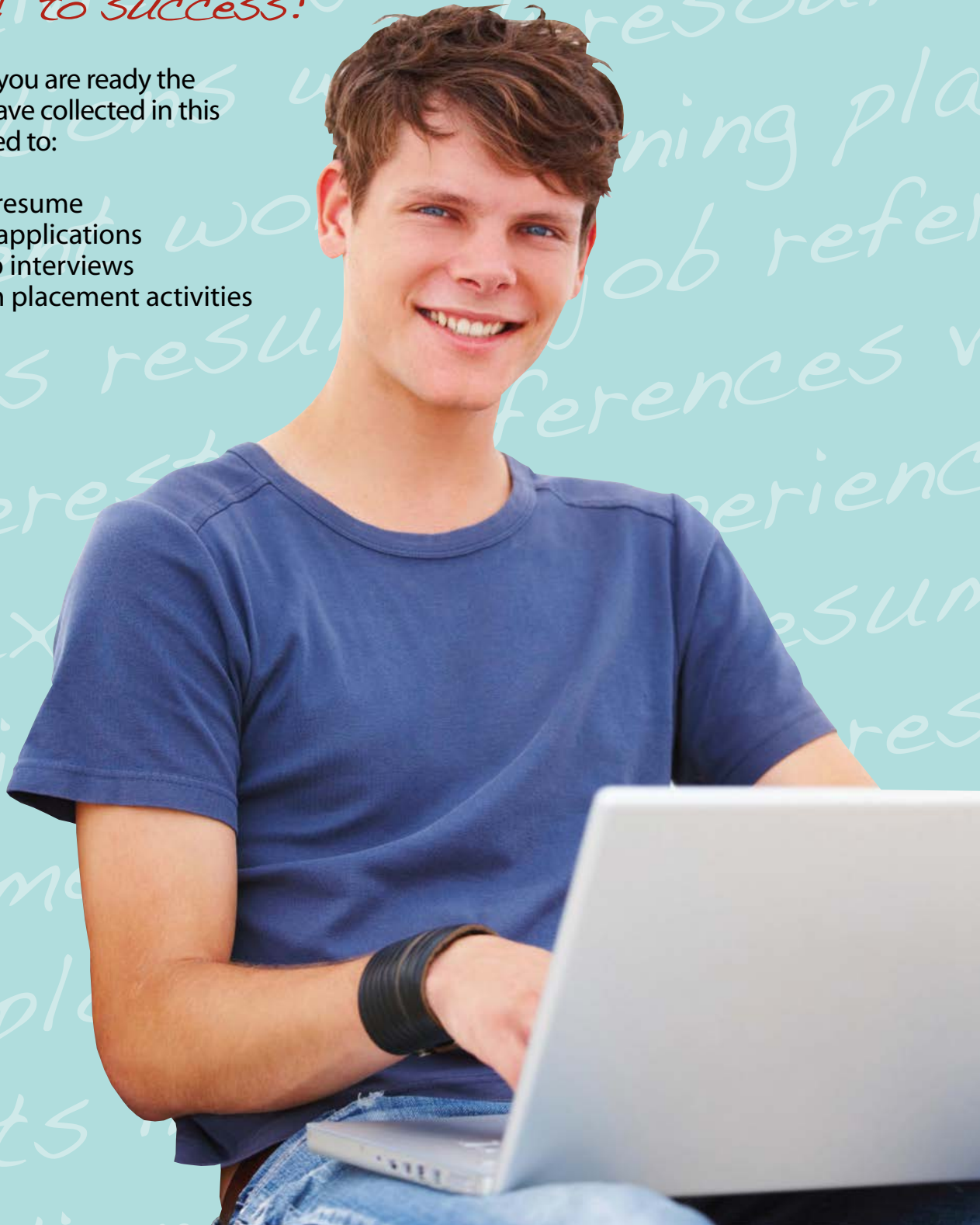
We may delay or suspend our financial aid to you if you do not meet these expectations.

Congratulations!

You have discovered the job that works for you and developed your Individualized Plan for Employment. You are on your road to success!

Remember, when you are ready the information you have collected in this booklet can be used to:

- Develop your resume
- Complete job applications
- Prepare for job interviews
- Assist you with placement activities



Notes!

This image shows a single sheet of white paper with horizontal blue lines, similar to standard notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A large white rectangular area with rounded corners, containing horizontal teal lines for writing.



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NEBRASKA VR

Nebraska Department of Education
www.vr.ne.gov